PCN23

THE EFFECT OF ORGANIZED MAMMOGRAPHY SCREENING ON THE NUMBER OF BREAST SURGERIES

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OBJECTIVES: Nationwide organized breast cancer program was introduced in 2002 in Hungary. The purpose of this study is to analyze the effect of breast cancer screening program on the number and ration of breast surgeries. **METHODS:** The data derived from the financial database of the National Health Insurance Fund Administration. We identified the patients with ICD codes and Diagnosis Related Groups (DRG). The study covers the five-year period between 2000–2004. We defined total mastectomy as the removal of preferably all breast tissue. Subtotal mastectomy (e.g. quadrantectomy) is defined as breast conserving surgery. We carried out the detailed analysis for the years 2000–2001, without nationwide organized screening program, and for the years 2002–2003 (first screening round) after the implementation of nationwide organized breast cancer screening program. **RESULTS:** The total number of breast surgeries was 7306 in 2000 and 7549 in 2001. After the introduction of the nation wide organized breast cancer screening program the total number of breast surgeries increased to 8531 in 2002 and 9140 in 2003. Compared to the values of 2000 as 100%, the number of total mastectomies increased 107.8% in 2002 and 109.6%, while the number of subtotal mastectomies increased much more: 120.3% in 2002 and 127.4% in 2003. The ratio of total and subtotal mastectomies in 2000 was 46.2% versus 53.8%. By 2004 the proportion of total mastectomies decreased to 40.0% and the proportion of subtotal mastectomies increased to 60%. The number of surgeries because of benign cases has also increased. **CONCLUSIONS:** The introduction of organized nationwide breast cancer screening program increased the total number of breast surgeries. Within the total number of breast surgeries decreased the proportion of total and increased the proportion of subtotal or breast conserving mastectomies.

PCN24

DEFINING GUIDELINES ON BRCA MUTATION TESTING AT A MEDICAL ONCOLOGY UNIT—AT AN UNIVERSITY HOSPITAL IN SOUTH-EASTERN BRAZIL

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OBJECTIVE: The risk cut off to recommend BRCA 1 and 2 gene testing varies from 10% for the American Society of Clinical Oncology to 20% in European countries. Considering pts with a previous diagnosis of breast cancer, we aimed to establish a risk cut off policy for genetic testing at our service, in terms of direct costs. A total of 130 pts with a previous breast cancer, in routine follow-up, received invitation to schedule consultation in the hereditary breast cancer unit. **METHODS:** Of these, 77 patients, were interviewed by a multidisciplinary team, and had their risk assessed based on family pedigree and confirmed pathological information (Frank Ts et al, JCO 20:1480–1490, 2002). Direct costs of genetic testing were considered as the sum of costs of reagents, permanent equipment and personnel excluded. Prices in reais were converted to dolar (2.3 reais per dolar). **RESULTS:** Our survey have shown that 3 women in 77 surveyed were to be tested with a risk cut off established in 20% as compared to 16 with a risk assessment of >10%. Considering the offspring, screening those women would benefit 162 and 21other women, respectively, at 10% and 20% cut off. The total direct costs of gene testing would be $31,023.86 at 10% and $5816.97 at 20%. In case we consider all first degree women relatives as beneficiaries, independent of the result being positive or negative for BRCA mutation, cost effectiveness (CE) ratio of $191.50 per individual benefited at 10% and $276.99/beneficiary at 20%. **CONCLUSION:** A 20% cut off for genetic testing in this population with breast cancer seems very strict, since the number of women indicated for genetic testing was far bellow the 5% expected in breast cancer population. Considering the other family members, the higher cost associated with 10% cut off could benefit more women.

PCN25

REAL WORLD DOSING OF ERYTHROPOIETIC AGENTS IN A NATIONWIDE SAMPLE OF PATIENTS WITH CANCER RECEIVING CHEMOTHERAPY: RESULTS FROM A LARGE RETROSPECTIVE OBSERVATIONAL STUDY

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OBJECTIVES: To better understand the real-world dosing patterns of epoetin alfa (EPO) and darbepoetin alfa (DARB) in patients with cancer receiving chemotherapy, a large retrospective, observational study was undertaken to analyze dosing patterns and associated costs of patients treated with EPO and DARB in the outpatient setting. **METHODS:** Adult patients who had cancer and were receiving chemotherapy, had ≥2 EPO or DARB claims, and were newly initiated on erythropoiesis stimulating therapy (EST) between April 2003 and February 2005 were identified from a nationwide sample of outpatient medical claims from hospital clinics and office practices. EPO and DARB use was identified via HCPCS codes in medical claims with dose calculated using billed units. Average treatment duration, dosing frequency, mean cumulative dose, and total EST costs (using 2005 wholesale acquisition prices) were studied. **RESULTS:** A total of 1405 EPO and 1087 DARB patients met the inclusion criteria. Mean age (years; EPO 63 ± 13; DARB 62 ± 12) was similar between groups, with more women in the DARB group (EPO 62%; DARB 71%, $p < 0.05$). Weekly and extended dosing (≥Q2W) frequencies were utilized in patients receiving EPO (QW: 65%, Q2W: 29%, ≥Q3W: 6%) and DARB (QW: 11%, Q2W: 61%, ≥Q3W: 28%). Mean treatment duration was 54 ± 51 days for EPO and 52 ± 46 days for DARB. Mean cumulative dose for EPO and DARB was 296,070 IU and 1022 mcg corresponding to a dose only ratio of 290 : 1 (units EPO: mcg DARB) and total EST costs of $3603 and $4456, respectively. **CONCLUSION:** In this large observational study, DARB treatment costs were substantially higher (24%) than EPO treatment costs. In addition, extended EPO and DARB dosing was common among patients with cancer receiving chemotherapy.

CANCER—Methods and Concepts

PCN26

INTER-RATER AGREEMENT OF HUI3 UTILITY SCORES FOR PATIENTS AT FOUR PHASES OF THERAPY FOR ACUTE LYMPHOBLASTIC LEUKEMIA IN CHILDHOOD: PARENT VERSUS CLINICIAN ASSESSMENT

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OBJECTIVES: To assess inter-rater agreement for Health Utilities Index (HUI) Mark 3 (HUI3) measurements of patients